

Please type a plus sign (+) inside this box →

+

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge 37 CFR 1.16 (e) required)	Attorney Docket Number	PCS10920A
	First Named Inventor	Simon John MANTELL
	COMPLETE IF KNOWN	
	Application Number	Not yet assigned
	Filing Date	Not yet assigned
	Group Art Unit	Not yet assigned
	Examiner Name	Not yet assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PURINE DERIVATIVES

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) _____ as United States Application Number or PCT International

Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
0015727.1	GB	06/27/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B sheet attached hereto.
60/218,466	07/14/2000	

Please type a plus sign (+) inside this box →

+

DECLARATION ---- Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 U.S.C. 1.56, which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number
or

Place Customer
Number Bar Code
Label here

☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Peter C. Richardson	27,526	A. Dean Olson	31,185
Allen J. Spiegel	25,749	Mervin E. Brokke	32,723
Paul H. Ginsburg	28,718	Valerie M. Fedowich	33,688
J. Trevor Lumb	28,567	Bryan C. Zielinski	34,462
James T. Jones	30,561	Robert T. Ronau	36,257
Gregg C. Benson	30,977	B. Timothy Creagan	39,156
Robert F. Sheyka	31,304	Alan L. Koller	37,371
Grover F. Fuller Jr.	31,760	Jolene W. Appleman	35,428
Karen DeBenedictis	32,977	Kristina L. Konstas	37,864
Lorraine B. Ling	35,251	Seth H. Jacobs	32,140
Garth Butterfield	36,997	Martha A. Gammill	31,820
Carl J. Goddard	39,203	Gregory P. Raymer	36,647
Raymond M. Speer	26,810	E. Victor Donahue	35,492
Jennifer A. Kispert	40,049	Roy F. Waldron	42,208
Israel Nissenbaum	27,582	Todd M. Crissey	37,807
Adrian G. Looney	41,406	Deborah A. Martin	44,222
A. David Joran	37,858	Jeffrey N. Myers	41,213
Lawrence C. Akers	28,587	Elsa Djuardi	45,963
Gabriel L. Kleiman	40,681	Michelle A. Sherwood	36,271
Donna R. Grossu	P-47,248	Arlene K. Musser	37,895

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☒ Correspondence address below

Name	Paul H. Ginsburg				
Address	Pfizer Inc				
Address	235 East 42nd Street, 20th Floor				
City	New York	State	New York	Zip Code	10017-5755
Country	United States Of America	Telephone	(212)573-2369	Fax	(212)573-1939

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname			
Simon John		MANTELL			
Inventor's Signature	<i>Simon John Mantell</i>			Date	30 April 2001
Residence: City	County of Kent	State	Country	England	Citizenship
Post Office Address	Pfizer Global Research and Development				
Post Office Address	Ramsgate Road, Sandwich				
City	County of Kent	State	Zip	CT13 9NJ	Country
City	County of Kent	State	Zip	CT13 9NJ	Country

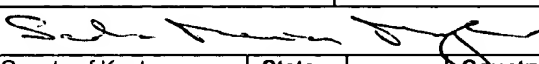
☒ Additional inventors are being named on the _____ a supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

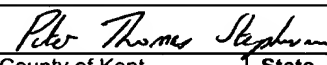
Please type a plus sign (+) inside this box →

+

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Sandra Marina				MONAGHAN			
Inventor's Signature						Date	30 April 2001
Residence: City	County of Kent	State		Country	England	Citizenship	GB
Post Office Address	Pfizer Global Research and Development						
Post Office Address	Ramsgate Road, Sandwich						
City	County of Kent	State		Zip	CT13 9NJ	Country	England

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Peter Thomas				STEPHENSON			
Inventor's Signature						Date	30 April 2001
Residence: City	County of Kent	State		Country	England	Citizenship	GB
Post Office Address	Pfizer Global Research and Development						
Post Office Address	Ramsgate Road, Sandwich						
City	County of Kent	State		Zip	CT13 9NJ	Country	England

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	